(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 26 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEAS	SE PRINT		DEPARTMENT OF
I. Name of Lobbyist(s)	ate Paolino		_
II. Name of lobbyist's partn	ership, firm or corporation, if	any:	
National Associaton o	f Mutual insurance Comp	panies (NAMIC)	
(Name of pa	rtnership, firm or corporation)		
3601 Vincennes Road	Indianapolis	IN	46268
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() 508-431-0484 (Telephone)	(Fa	C-man	bbying@aristotle.com
reportable expense transact	Choose one — file separate repions which are not attributable soccurring in the months prior t	e to any one client).	you may file a separate report for ve to the following client:
National Associa	ton of Mutual Insurance	Companies (NAMI	C)
<u>OR</u>		-	obbying firm listed below which are
-	1 26, 2017	July 26, 2017 activity from 4/1/17 to	
	ber 25, 2017 [] from 7/1/17 to 9/30/17	January 31, 20 activity from 10/1/17	
	es received and no reportab te just this form and submit it to		
VI. Check if additional repo	rts are attached:		
x If you have received fees	or made expenditures, you must	file Addendum A – Fee	s and Expenses
If you have paid an hono Expense Reimbursement	rarium or reimbursed expenses,	you must file Addendum	B— Report of Honorariums or
☐ If you, your firm, or your	family has made political contri	butions, you must file A	ddendum C- Political Contributions
and complete to the best of m	B, RSA 14-C and RSA 664 and y knowledge and belief.	,	hat the foregoing information is true
(Signature of lobbyist)	olina_	_7/á	(Date)
Cate Paolino			

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Cate Paolino	
II. Name of lobbyist's partnership, firm or corporation, if any:	
National Associaton of Mutual Insurance Companies (NAM	IC)
(Name of partnership, firm or corporation)	
III. Name of Client National Associaton of Mutual Insurance Companies (NAM	MIC) Date 07/24/2017
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) S
, -,	b) \$ \$3,304.86
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	ear)
c) Total of all fees received to date (Add lines a and b)	\$6,381.66
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a busines so than \$10 that is given to the person and with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) S \$245.78
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ \$0.00
c) Total of all itemized expenditures reported in detail in section VI.	b) \$ \\ \(\square \) \\$ \\ \(\square \) \\$ \\ \(\square \) \\$ \\ \(\square \) \

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ \$245.78
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) S \$304.98
f) Total of all expenses year to date	1) \$ \$550.76

VI. Other Expenses:

Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged.

Paid to:	Amount:
04/13/2017 Personal Car Mileage	s_\$117.70
04/13/2017 : Parking/Tolls	\$3.00
04/13/2017: Snack @ Rest Area	\$ \$5.00
04/17/2017: NH Lobbying Report Mailing Costs	\$ \$23.75
05/11/2017: Fuel	\$25.56
05/11/2017 : Tolls	\$2.00
05/11/2017: Snack @ Common Man Roadside	\$7.09
05/11/2017: Rental Car - National Enterprise	\$61.68

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

(Signature of lobbyist)

Cate Paolino

(Print Name of lobbyist)